## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P9700003866

SOUTHERN SAR ENTERPRISES INC.

**FILED** Jun 02 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				····		
4003 BLEETIGE LN. GULF BREEZE, FRA 32561 SAME				}		
IN THEMISE LAI. CLARE				DO NOT WOITE IN T	DO NOT WENT IN THE STATE OF	
GULF BREEZE, FLA 325/01 STUTE				3. Date Incorporated or Qualified	DO NOT WRITE IN THIS SPACE	
				- 14 - 47		
	Place of Business	2a. Mailing Addriss	10 -	4. FEI Number	Applied For	
Suite, Apt	· muy, oro E,	26 912 Hear	40 E.	59-34224	Not Applicable	
22 50110. Apr	# 1V2	Suite, Apt. #, etc.	11/2	5. Certificate of Status Desired	\$8.75 Additional	
City & Sta	ale	City & State	TICP		Fee Required	
23	ESTIN. FLA.	28 DESTIAL.	Tr.A.	6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be	
Zip	Country	Zip	Country	8. This corporation owes or has paid the	Added to Fees	
24 \$7.5	41 25 154	29 3254	30 USH	Personal Property Tax due June 30.	Yes No 114	
<u> </u>	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registe	red Agent	
1/201	Proportion God !	BERT L. KREINTH	AUK			
82 Street Address (P.O. Box Number i '' xceptable)						
12/	1 HILLS GOT		B3 (2)			
124	110.10	۸ م م	912	HUN 98 E Suive	=#116	
TH	14HHSDEE 124	1 32301	84 City	DE GOT INT	85 Zip Code	
11. Pursuant		and 603 / 508, Fidrida Statute	s, the above-named co	proporation submits this statement for the purpos	-L 32541	
office or i agent. I a	registered ligent, or both the State of am familia, with, any open the state	. Top the commentation was a	uthorized (b) the corpor	ration's board of directors. I hereby accept the	appointment as registered	
SIGNATURE	~ ( Mattal)	th Asta	VISTO	DEST 4	1/29/94	
	Signature your distribution of ten data and	CHON (NOTE	Flegistered Agent signature rec	guired when reinstating) DAT	10 10	
12.	OFFICERS AND I	DIRECT PAS	13:	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
NAME	TRESIDENT	LA O	1.1 TITLE		Change Addition	
STREET ADDRESS	ACBERT L. BRET	THEATTHE	1.2 NAME			
CITY+ST-ZIP	912 HUN 98 F. ST	EIN	1.3 STREET ADDRESS 1.4 CITY - ST - ZIP			
TITLE	Wide DESTREAM	DELETE	2.1 711LE		Change Addition	
NAME	Achor Box all	luft FR.	2.2 NAME		To crowdo To vogeton	
STREET ADDRESS	912 HW 98 F ST	. IVe	2 3 STREET ADDRESS			
CITY-ST-ZIP	TESTINI FLA. 325	41	2.4 CITY-ST-ZIP			
TITLE NAME		☐ DELETE	3.1 TITLE		Change Addition	
STREET ADDRESS			3.2 NAME			
CITY-ST-ZIP			3.3 STREET ADDRESS			
TITLE	<del></del>	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Ladge	
NAME			4. 2 NAME		Change Addition	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DEL <b>e</b> te	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP			
NAME		L. Deteit	6.1 TITLE 6.2 NAME	SAMONESAET	Change Addition	
STREET ADDRESS			6.3 STREET ADDRESS	-06Z03Z98010S2	643 W.\./	
CITY-ST-ZIP		•	64 CITY-ST-ZIP	<b>8000025460</b> -06/03/98010521 ***150.00	" 1 MLL	
14. I hereby of	pertify that the information supplied with	his filing does not qualify for	the state of the s	D 0 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
officer or director of this composition. We regarder to this see empowered to execute this irreport as required by Chapter 807. Florida Statutor and the same and the lam an						
Block 12 o	or Block III with Mary, or the a sylading	nent with an address.	<b>7</b>	1- 1) Shaptor Got, I foliad Gratures, and the	m ney name appears in	